Reset Form

CAND Pay.gov Application for Refund (rev. 10/19)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

PAY.GOV TRANSACTION DETAILS

IMPORTANT:

- *Complete all required fields (shown in red*); otherwise, your request may be denied and require resubmission.*
- *In fields **3-6**, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.*

1. Your Name:* George Jarvis (or J) Austin		**7. Your Phone Number:** (209) 915-6304	
2. Your Email Address: * gaustin07@berkeley.edu		**8. Full Case Number (if applicable):** 3:20-cv-00800	
3. Receipt Number:* 0971-15562283		☐ **Attorney Admission**	
4. Transaction Date:* 02/10/2021		☑ **Civil Case Filing**	
		☐ **FTR Audio Recording**	
5. Transaction Time:* 8:12 pm	**9. Fee Type:***	☐ **Notice of Appeal**	
6. Transaction Amount (Amount to be refunded):* $ 100.00		☐ **Pro Hac Vice**	
		☐ **Writ of Habeas Corpus**	

10. Reason for Refund Request:* *Explain in detail what happened to cause duplicate charges or no fee required.*

- *For a duplicate charge, provide the **correct** receipt number in this field.*
- *If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the **open** case).*

See Document #'s 100 - 107 for others to be filed independently by suggestion of the court.

✓ *Efile this form using* OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.

View detailed instructions at: cand.uscourts.gov/ecf/payments. For assistance, contact the ECF Help Desk at 1-866-638-7829 or ecfhelpdesk@cand.uscourts.gov Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request: ☐ Approved	
☐ Denied	
✗ Denied — Resubmit amended application (see reason for denial)	Ana Banares — Digitally signed by Ana Banares Date: 2021.06.01 18:17:10 -07'00'
Approval/denial date:	Request approved/denied by: Ana Banares
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number: 0971-
Date refund processed:	Refund processed by:
Reason for denial (if applicable): Please explain in detail what happened to cause the duplicate charges and please provide the correct receipt number in #10	
Referred for OSC date (if applicable):	

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

PAY.GOV TRANSACTION DETAILS

IMPORTANT:

- *Complete all required fields (shown in red*); otherwise, your request may be denied and require resubmission.*
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1. Your Name:* George Jarvis (or J) Austin	**7. Your Phone Number:** (209) 915-6304
2. Your Email Address: * gaustin07@berkeley.edu	**8. Full Case Number (if applicable):** 3:20-cv-00800
3. Receipt Number:* 0971-15552365	**9. Fee Type:*** ☐ Attorney Admission ☑ Civil Case Filing ☐ FTR Audio Recording ☐ Notice of Appeal ☐ Pro Hac Vice ☐ Writ of Habeas Corpus
4. Transaction Date:* 02/09/2021	
5. Transaction Time:* 10:30 am	
6. Transaction Amount (Amount to be refunded):* $ 100.00	

10. Reason for Refund Request:* *Explain in detail what happened to cause duplicate charges or no fee required.*

- *For a duplicate charge, provide the **correct** receipt number in this field.*
- *If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the **open** case).*

See Document #'s 100 - 107 for others to be filed independently by suggestion of the court.

✓   *Efile this form using* OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.

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FOR U.S. DISTRICT COURT USE ONLY	
Refund request: ☐ Approved ☐ Denied ☒ Denied — Resubmit amended application (see reason for denial)	Ana Banares Digitally signed by Ana Banares Date: 2021.06.01 18:16:23 -07'00'
Approval/denial date:	Request approved/denied by:
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number: 0971-
Date refund processed:	Refund processed by:
Reason for denial (if applicable): Please explain in detail what happened to cause the duplicate charges and please provide the correct receipt number in #10	
Referred for OSC date (if applicable):	

[Reset Form]

Reset Form

CAND Pay.gov Application for Refund (rev. 10/19)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

PAY.GOV TRANSACTION DETAILS

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1. Your Name:* George Jarvis (or J) Austin		**7. Your Phone Number:** (209) 915-6304	
2. Your Email Address: * gaustin07@berkeley.edu		**8. Full Case Number (if applicable):** 3:20-cv-00800	
3. Receipt Number:* 0971-15573273		**9. Fee Type:***	☐ Attorney Admission ☑ Civil Case Filing ☐ FTR Audio Recording ☐ Notice of Appeal ☐ Pro Hac Vice ☐ Writ of Habeas Corpus
4. Transaction Date:* 02/12/2021			
5. Transaction Time:* 5:11 pm			
6. Transaction Amount (Amount to be refunded):* $ 5.00			

10. Reason for Refund Request:* *Explain in detail what happened to cause duplicate charges or no fee required.*

- *For a duplicate charge, provide the **correct** receipt number in this field.*
- *If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the **open** case).*

See Document #'s 100 - 107 for others to be filed independently by suggestion of the court.

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FOR U.S. DISTRICT COURT USE ONLY	
Refund request: ☐ Approved ☐ Denied ✗ Denied — Resubmit amended application (see reason for denial)	
Approval/denial date:	Request approved/denied by: Ana Banares *Digitally signed by Ana Banares Date: 2021.06.01 18:15:49 -07'00'*
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number: 0971-
Date refund processed:	Refund processed by:
Reason for denial (if applicable): Please explain in detail what happened to cause the duplicate charges and please provide the correct receipt number in #10	
Referred for OSC date (if applicable):	

Reset Form

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

PAY.GOV TRANSACTION DETAILS

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1. **Your Name:*** George Jarvis (or J) Austin	7. **Your Phone Number:** (209) 915-6304	
2. **Your Email Address: *** gaustin07@berkeley.edu	8. **Full Case Number (if applicable):** 3:20-cv-00800	
3. **Receipt Number:*** 0971-15573281		☐ **Attorney Admission**
4. **Transaction Date:*** 02/12/2021	9. **Fee Type:***	☑ **Civil Case Filing**
5. **Transaction Time:*** 5:25 pm		☐ **FTR Audio Recording**
6. **Transaction Amount (Amount to be refunded):*** $ 5.00		☐ **Notice of Appeal** ☐ **Pro Hac Vice** ☐ **Writ of Habeas Corpus**

10. **Reason for Refund Request:*** *Explain in detail what happened to cause duplicate charges or no fee required.*

- *For a duplicate charge, provide the **correct** receipt number in this field.*
- *If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the **open** case).*

See Document #'s 100 - 107 for others to be filed independently by suggestion of the court.

✓   *Efile this form using* OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.

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FOR U.S. DISTRICT COURT USE ONLY	
Refund request: ☐ Approved ☐ Denied ✗ Denied – Resubmit amended application (see reason for denial)	Ana Banares Digitally signed by Ana Banares Date: 2021.06.01 18:15:17 -07'00'
Approval/denial date:	Request approved/denied by:
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number: 0971-
Date refund processed:	Refund processed by:
Reason for denial (if applicable): Please explain in detail what happened to cause the duplicate charges and please provide the correct receipt number in #10	
Referred for OSC date (if applicable):	

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

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1. Your Name:*	George Jarvis (or J) Austin	**7. Your Phone Number:**	(209) 915-6304
2. Your Email Address: *	gaustin07@berkeley.edu	**8. Full Case Number (if applicable):**	3:20-cv-00800
3. Receipt Number:*	0971-15568007	**9. Fee Type:***	☐ Attorney Admission ☑ Civil Case Filing ☐ FTR Audio Recording ☐ Notice of Appeal ☐ Pro Hac Vice ☐ Writ of Habeas Corpus
4. Transaction Date:*	02/11/2021		
5. Transaction Time:*	9:47 pm		
6. Transaction Amount (Amount to be refunded):*	$ 15.00		

10. Reason for Refund Request:* Explain in detail what happened to cause duplicate charges or no fee required.

- *For a duplicate charge, provide the **correct** receipt number in this field.*
- *If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the **open** case).*

See Document #'s 100 - 107 for others to be filed independently by suggestion of the court.

✓ *Efile this form using* OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.

View detailed instructions at: cand.uscourts.gov/ecf/payments. For assistance, contact the ECF Help Desk at 1-866-638-7829 or ecfhelpdesk@cand.uscourts.gov Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request:	☐ Approved ☐ Denied ✗ Denied — Resubmit amended application (see reason for denial)
Approval/denial date:	Request approved/denied by: Ana Banares *Digitally signed by Ana Banares Date: 2021.06.01 18:14:37 -07'00'*
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number: 0971-
Date refund processed:	Refund processed by:
Reason for denial (if applicable):	Please explain in detail what happened to cause the duplicate charges and please provide the correct receipt number in #10
Referred for OSC date (if applicable):	

Reset Form

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

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1. Your Name:*	George Jarvis (or J) Austin	**7. Your Phone Number:**	(209) 915-6304
2. Your Email Address: *	gaustin07@berkeley.edu	**8. Full Case Number (if applicable):**	3:20-cv-00800
3. Receipt Number:*	0971-15567972	**9. Fee Type:***	☐ Attorney Admission ☑ Civil Case Filing ☐ FTR Audio Recording ☐ Notice of Appeal ☐ Pro Hac Vice ☐ Writ of Habeas Corpus
4. Transaction Date:*	02/11/2021		
5. Transaction Time:*	9:37 pm		
6. Transaction Amount (Amount to be refunded):*	$ 100.00		

10. Reason for Refund Request:* *Explain in detail what happened to cause duplicate charges or no fee required.*

- *For a duplicate charge, provide the **correct** receipt number in this field.*
- *If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the **open** case).*

See Document #'s 100 - 107 for others to be filed independently by suggestion of the court.

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FOR U.S. DISTRICT COURT USE ONLY	

Refund request: ☐ Approved
             ☐ Denied
             ☒ Denied — Resubmit amended application (see reason for denial)
	Ana Banares Digitally signed by Ana Banares Date: 2021.06.01 18:14:03 -07'00'

Approval/denial date:	Request approved/denied by:
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number: 0971-
Date refund processed:	Refund processed by:
Reason for denial (if applicable): Please explain in detail what happened to cause the duplicate charges and please provide the correct receipt number in #10	
Referred for OSC date (if applicable):	

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NORTHERN DISTRICT OF CALIFORNIA

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1. Your Name:* George Jarvis (or J) Austin	**7. Your Phone Number:** (209) 915-6304	
2. Your Email Address: * gaustin07@berkeley.edu	**8. Full Case Number (if applicable):** 3:20-cv-00800	
3. Receipt Number:* 0971-15573426	**9. Fee Type:***	☐ Attorney Admission ☑ Civil Case Filing ☐ FTR Audio Recording ☐ Notice of Appeal ☐ Pro Hac Vice ☐ Writ of Habeas Corpus
4. Transaction Date:* 02/12/2021		
5. Transaction Time:* 5:33 pm		
6. Transaction Amount (Amount to be refunded):* $ 180.00		

10. Reason for Refund Request:* *Explain in detail what happened to cause duplicate charges or no fee required.*

- *For a duplicate charge, provide the **correct** receipt number in this field.*
- *If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the **open** case).*

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FOR U.S. DISTRICT COURT USE ONLY		
Refund request:	☐ Approved ☐ Denied ☒ Denied — Resubmit amended application (see reason for denial)	Ana Banares *Digitally signed by Ana Banares* *Date: 2021.06.01 18:13:26 -07'00'*
Approval/denial date:	Request approved/denied by: Ana Banares	
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number: 0971-	
Date refund processed:	Refund processed by:	
Reason for denial (if applicable): Please explain in detail what happened to cause the duplicate charges and please provide the correct receipt number in #10		
Referred for OSC date (if applicable):		